

16511

MAR 13 1985

Certified Mail  
Return Receipt Requested

Mr. Michael Miller  
General Manager  
Boyertown Sanitary Disposal  
300 Merkel Road  
Gilbertsville, PA 19525

RE: EPA I.D. #PAD 04 860 3005

Dear Mr. Miller:

A review of our records indicates that Parts A and B of your RCRA Permit Application are currently under review by this office and the Pennsylvania Department of Environmental Resources.

On November 8, 1984 President Reagan signed and thus enacted the Hazardous and Solid Waste Amendments of 1984 (RCRA Reauthorization). The Amendments contain a number of far-reaching provisions that may impact the future operations of your facility.

We encourage you to stay abreast of developments relating to these new statutory provisions and we plan to provide further guidance to you as it becomes available. The purpose of this letter, however, is to begin implementation of one aspect of the new Amendments relative to corrective action for past or continuing releases.

Section 3004(u) of the amended Resource Conservation and Recovery Act now requires:

"...a permit issued after the date of enactment... shall require corrective action for all releases of hazardous waste or constituents from any solid waste management unit at a Treatment, Storage or Disposal facility seeking a permit under the subtitle."

The "Hazardous Wastes" referred to in this section are those identified in regulation 40 C.F.R. Part 261. "Hazardous Constituents" are those listed in Appendix VIII of regulation 40 C.F.R. Part 261. Other relevant terms are defined in Attachment A to this letter.

## CONCURRENCES

SYMBOL	3HW32	3HW32	3HW30	3HW00			
SURNAME	POTOSNAK	SOKOLOWSKI	ALLEN	WASSERSUG			
DATE	3/3/85	3/8/85	3/8/85	3/11/85			



We request under Section 3007 of the Act, 42 U.S.C. §6927, that you submit the above listed information within forty-five (45) days of your receipt of this letter to both EPA and the Pennsylvania Department of Environmental Resources. We recognize that in some cases, sufficient information will not presently be available to enable us to make corrective action determinations. For these cases, we plan to conduct on-site facility assessments and develop compliance schedules which would enable Permit Applicants to gather additional information leading to a corrective action decision under terms of a final effective RCRA Permit.

All information you submit should be certified as required by regulation 40 C.F.R. 270.11(d). Should you have any questions concerning this letter, please contact Mr. John Potosnak, P.E. at (215) 597-8338.

Sincerely,

Stephen R. Wassersug, Director  
Hazardous Waste Management Division

Enclosure

cc: Mr. Donald Lazarchik, Director  
Bureau of Solid Waste Management  
Pennsylvania Department of  
Environmental Resources



In order to proceed with the permitting process, EPA and the State must first determine the location of all "Solid Waste Management Units" (See Attachment A for definition) at your facility. This requirement extends to both operating units as well as those that are closing or have been closed in the past. Next, we must determine whether or not any "releases" (see definitions) originated at these units. In order to enable us to make these determinations, you should provide the following information:

- (1) A topographic map showing the facility and a distance of 1,000 feet around it, at a scale of one inch equal to not more than 200 feet. In addition to showing the location of the hazardous waste management facilities for which you are seeking a permit, it must locate all existing and former Solid Waste Management Units (SWMU) at your facility.
- (2) For each SWMU, provide a description of the unit's functions, material of construction, dimensions, capacity, ancillary systems (piping), etc. If available, provide engineering drawings of the units and their foundations. For closed facilities, also provide a copy of the closure plan or a description of how closure was performed and any relevant post-closure information you have available.
- (3) For each SWMU, provide a description of all the wastes processed by the units with emphasis on hazardous wastes and hazardous waste constituents. Also, provide information on time frames and quantities processed.
- (4) For each SWMU, describe any release (or possible release) originating at the unit. This should include information on the date of release, type of hazardous waste or hazardous waste constituents, quantity released, nature of the release, extent of released migration, and cause of release (i.e. overflow, broken pipe, tank leak, etc.). Also, provide any available data which would quantify the nature and extent of environmental contamination including the results of soil and/or groundwater sampling and analysis efforts. Likewise, monitoring information that indicates releases are not present should also be submitted.

If the above requested information is contained in your Part B or has been previously submitted to this office, please reference this information in your reply.

### Definitions

Release - ...any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping or disposing into the environment, but excluding releases otherwise permitted or authorized under law.

Solid Waste Management Unit -

...any landfill, surface impoundment, waste pile, land treatment unit, incinerator, tank (including storage, treatment, and accumulation tanks), container storage units, injection wells, wastewater treatment units, elementary neutralization units, transfer station, and recycling units that received solid or hazardous waste at any time.

TABLE I

- **SENDER:** Complete items 1, 2, 3, and 4.  
Add your address in the "RETURN" space on reverse.

**(CONSULT POSTMASTER FOR FEES)**

1. The following service is requested (check one).

☒ Show to whom and date delivered ..... c  
☐ Show to whom, date, and address of delivery .. c

2. ☐ **RESTRICTED DELIVERY** ..... c  
*(The restricted delivery fee is charged in addition to the return receipt fee.)*

**TOTAL \$** \_\_\_\_\_

3. **ARTICLE ADDRESSED TO:** Mr. Michael Miller  
 Boyertown Sanitary Disposal  
 300 Merkel Road  
 Gilbertsville, PA 19525

- 4.
- TYPE OF SERVICE:**

☐ REGISTERED      ☐ INSURED  
☒ CERTIFIED      ☐ COD  
☐ EXPRESS MAIL

**ARTICLE NUMBER**

P 155 265  
 955

**(Always obtain signature of addressee or agent)**

I have received the article described above.

**SIGNATURE**      ☐ Addressee      ☐ Authorized agent

5. **DATE OF DELIVERY**

3-18-85

**POSTMARK**  
 (may be on reverse side)

- 6.
- ADDRESSEE'S ADDRESS**
- (Only if requested)*

- 7.
- UNABLE TO DELIVER BECAUSE:**

7a. **EMPLOYEE'S INITIALS**

LMD

RETURN RECEIPT

**UNITED STATES POSTAL SERVICE**  
**OFFICIAL BUSINESS**

**SENDER INSTRUCTIONS**

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested"
- adjacent to number.



**PENALTY FOR PRIVATE  
USE, \$300**

**RETURN  
TO**



**ENVIRONMENTAL PROTECTION AGENCY**

**Region III (3HW30)**

**841 Chestnut Street**

**Philadelphia, Pennsylvania 19107**

(Name of Sender)

(Street or P.O. Box)

(City, State, and ZIP Code)

*Jack  
Potosnak*

P 155 '265 '955

**RECEIPT FOR CERTIFIED MAIL**NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1984-446-014

PS Form 3800, Feb. 1982

Sent to Mr. Michael Miller Boyerstown Sanitary Disposal	
Street and No. 300 Merkel Road	
P.O., State and ZIP Code Gilbertsville, PA 19525	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	



**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST-CLASS POSTAGE,  
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)

2. If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, date, detach and retain the receipt, and mail the article.

3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article. **RETURN RECEIPT REQUESTED** adjacent to the number.

4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.

5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.

6. Save this receipt and present it if you make inquiry.